

Foster Family Home - Corrective Action Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

1522 Gulick Avenue

Honolulu

HI

96819

Review ID: 1-510223-5

Reviewer: David Ayling

Begin Date: 10/19/2017

End Date:

10/19/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/19/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling RV
Compliance Manager

Teresa Mateo
Primary Care Giver

10/19/17
Date

10/19/17
Date